No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 15 1948

Registration District No. 27

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42460

Primary Registration District No. 4360 Dr. Killion

Registrar's No. 46

1. PLACE OF DEATH:
(a) County: New Madrid
(b) City or town: Portageville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 10 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: New Madrid
(c) City or town: Portageville
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

72
6
0
0

3. (a) PRINT FULL NAME: Wm Henry Easterly
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Janie Easterly
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: Mar (Month) 15 (Day) 1882 (Year)

8. AGE: Years 65 | Months 8 | Days 28 | If less than one day ..... hr. ..... min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Retired
11. Industry or business .....
FATHER
12. Name: Mark H. Easterly
13. Birthplace: Dent Knox (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ella Day
15. Birthplace: St. Louis (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Mrs Janie Easterly
(b) Address: Portageville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Portageville Cem.
18. (a) Signature of funeral director: Hughes Fun. Parlor
(b) Address: Portageville, Mo.
19. (a) 12-13-47 (Date received local registrar) (b) Ellen De Lisle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13 year 1947 hour 5 minute 15 a. M.

21. I hereby certify that I attended the deceased from November 1947, to Dec. 13 1947 that I last saw him alive on Dec. 12 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Insufficiency due to	1 year
generale debility	
Due to: Disseminated Myelitis	12 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: NE
Of autopsy: NE

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury: 0

23. Signature: John J. Killion (M. D. or other)
Address: Portageville Mo. Date signed 12-15-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 148-48
Date Filed 1-8-48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ....., working under my personal supervision.

Signed Joseph A. DeLisle

Stu Licensed Embalmer No. 488

P. O. Address Portageville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.